HCBS Provider Self-Assessment

Provider Self-Assessment Information

You must complete a provider self-assessment, pursuant to IDAPA 16.03.10.318. The purpose of the self-assessment is for you to identify how you are meeting the new Home and Community-Based Services (HCBS) setting qualities. If you are responsible for more than one service site, you must complete one self-assessment for each site.

You must keep the completed self-assessment along with documentation to support each response **ON SITE**. Do not submit the provider self-assessment or documentation to Idaho Medicaid.

Your self-assessment and supporting documentation will be reviewed by Department of Health and Welfare staff if you are chosen to receive an HCBS site-assessment. You may also be asked to submit the information to Medicaid at any time.

Examples of support for your self-assessment responses might include:

- Provider Policies and Procedures
- Training curriculum
- Residency agreement

- Employee handbook
- Transportation, activity and/or visitor logs
- Observable evidence

- Participant schedules
- Resident handbook
- Participant interviews

If you choose not to comply with the HCBS requirements, please contact the HCBS coordinator at HCBSsettings@dhw.idaho.gov so that Idaho Medicaid can work with you and the individual(s) you serve to successfully transition them into an HCBS compliant setting.

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Instructions

Step 1: Complete the Provider Information page. Be sure to provide all requested information.

Step 2: Each question must be answered. Begin with your response to each question. If a question does not apply to you, please explain why it does not apply. Then, describe the evidence you have to support your response.

Step 3: Gather the documentation to support each response. You must have documentation to support all of the answers on the self-assessment.

Step 4: Your completed self-assessment and supporting documentation must be available at each site beginning January 1, 2017.

A Note About Terminology

- Within the self-assessment questions, the term "you" refers to the individual provider of HCB services *or* agency staff.

- "Individual" means the person who is receiving HCB services.

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Provider Information

Date: Click here to enter a date.

Provider Agency Name: (E.g. Aspen Gardens) Click here to enter text.

Name of the person completing the survey and as well as title/position: Click here to enter text.

Name of a contact person for questions if different from the person above: Click here to enter text.

Contact person's phone number and email address: Click here to enter text.

Setting's Physical Address (street address and number, town, Zip Code): Click here to enter text.

Setting's Mailing Address (if different): Click here to enter text.

Setting Type (*Please mark all that apply*):

☐ Certified Family Home   ☐ Residential Assisted Living Facility

☐ Developmental Disabilities Agency (Children)   ☐ Adult Day Health

☐ Developmental Disabilities Agency (Adult)

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HCBS Setting Qualities

The qualities that HCBS Settings must have include:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. (42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i))

- The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint (42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii))

- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. (42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv))

- The setting facilitates individual choice regarding services and supports, and who provides them. (42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v))

Additional qualities for provider owned or controlled residential settings include:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the state, county, city, or other designated entity.

    o For settings in which landlord tenant laws do not apply, the state must ensure that a lease, residency agreement, or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

- Each individual has privacy in their sleeping or living unit:

    o Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.

    o Individuals sharing units have a choice of roommates in that setting.

    o Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

- Individuals are able to have visitors of their choosing at any time.

- The setting is physically accessible to the individual.

IDAPA rule Support: 16.03.10.310-16.03.10.318:

http://adminrules.idaho.gov/rules/current/16/0310.pdf

Self-Assessment Questions	
1. How do you accommodate individuals who are employed, seeking employment or volunteering?	Response/Evidence: Click here to enter text.
2. How do you regularly provide opportunities (once per week or more) for individuals to leave the setting to participate in community activities for skill building or socialization?	Response/Evidence: Click here to enter text.
3. How do you support individuals in purchasing goods and services of their choosing with their own money during times in the community?	Response/Evidence: Click here to enter text.
4. How do you inform individuals of their rights?	Response/Evidence: Click here to enter text.
5. What evidence do you have to support that you are trained on and complying with privacy/confidentiality policies and practices?	Response/Evidence: Click here to enter text.

6. How do you provide space and opportunity for individuals to have privacy?	Response/Evidence: Click here to enter text.
7. How do you ensure that individuals are free from the use of unauthorized restraints (chemical, mechanical, or physical restraints or use of seclusion)?	Response/Evidence: Click here to enter text.
8. How do you ensure that individuals are free from coercion?	Response/Evidence: Click here to enter text.
9. How do you ensure individuals know how to file a complaint if they feel their rights have been violated?	Response/Evidence: Click here to enter text.
10. How do you respect individuals' dignity by offering activity options that are age appropriate (appropriate for the individual's chronological age)?	Response/Evidence: Click here to enter text.
11. How do you provide individuals with choices about how to spend their time while in this setting?	Response/Evidence: Click here to enter text.
12. Are you flexible with such things as	Response/Evidence: Click here to enter text.

schedules, routines, arrival times, meal/snack times, etc? Please describe.	
13. How do you support individuals in choosing **who** they engage in activities with?	Response/Evidence: Click here to enter text.
14. What is your process to ensure that individuals can express their choices and preferences regarding **how** your services are provided?	Response/Evidence: Click here to enter text.
15. What is your process to facilitate individual choice of services by directing individuals to their person-centered planning team to adjust their service plan when needed?	Response/Evidence: Click here to enter text.
16. What is your process to ensure individuals have the opportunity to express their choices and preferences regarding **who** provides your services?	Response/Evidence: Click here to enter text.

If you are **not** a residential assisted living facility (RALF) or certified family home (CFH), you do **not** need to complete the next section.

RALFs and Certified Family Homes (Residential Providers Only)	
17. If you offer services such as medical care, dental care, hair styling services, physical therapy, etc. on site, are individuals free to access those same services in the community?	Response/Evidence: Click here to enter text.
18. Do all individuals have signed Admission Agreements that describe discharge/eviction criteria and timeframes that are in accordance with HCBS requirements?	Response/Evidence: Click here to enter text.
19. How do you provide individuals the opportunity to choose their roommate?	Response/Evidence: Click here to enter text.
20. How do you provide individuals the	Response/Evidence: Click here to enter text.

option to have a lock on their doors and to use their lock when they choose?	
21. How do you ensure that only appropriate people have a key to individuals' bedrooms?	Response/Evidence: Click here to enter text.
22. Do you allow individuals to furnish and decorate their living or sleeping units as they choose within the Admission Agreement provisions?	Response/Evidence: Click here to enter text.
23. How do you support individuals' choices of community activities or services that are based on their preferences and interests?	Response/Evidence: Click here to enter text.
24. How do you provide access to food at any time individuals choose?	Response/Evidence: Click here to enter text.
25. How do you ensure individuals may have visitors of their choosing at any time?	Response/Evidence: Click here to enter text.
26. How do you ensure the individual units/rooms meet each individual's accessibility needs?	Response/Evidence: Click here to enter text.

27. How do you ensure that common areas in the home/setting are physically accessible to individuals?	Response/Evidence: Click here to enter text.